

**IN THE PROBATE COURT OF MAHONING COUNTY, OHIO  
JUDGE TIMOTHY P. MALONEY**

**REGISTRATION OF BIRTH  
APPLICATION, FINDING AND ORDER FOR REGISTRATION OF BIRTH**  
[R.C. §3705.15; Loc. R. 75.6 (B)]

**CASE NO.** \_\_\_\_\_

\_\_\_\_\_, the Applicant, prays that the facts of birth be established in accordance with section 3705.15 of the Revised Code, as follows:

**Applicant's Full Name** (at time of birth) \_\_\_\_\_ [Social Security No. \_\_\_\_\_]

**Place of Birth** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ ☐ Male ☐ Female  
(City, State, Hospital, Home Address)

**Father's Full Name** \_\_\_\_\_ **Age of Father** (at time of birth) \_\_\_\_\_

**Birthplace of Father** \_\_\_\_\_

**Mother's Maiden Name** \_\_\_\_\_ **Age of Mother** (at time of birth) \_\_\_\_\_

**Birthplace of Mother** \_\_\_\_\_

The following evidence was presented to support the above facts and the parentage of the registrant, *to wit*:

Document or name of Witness	Date or record	Place of Birth	Date of Birth	Father's Name	Mother's Maiden Name

Wherefore the undersigned applicant, being first duly sworn, says that the facts stated in the foregoing Application are true as he/she verily believes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Area Code/Phone

*Sworn to before me and signed in my presence by the applicant or registrant aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.*

(SEAL)

\_\_\_\_\_  
Notary Public

**JUDGMENT ENTRY**

The Court, upon consideration of the aforesaid and the evidence submitted, finds that the applicant personally appeared and was examined, that notice of hearing was completed or was dispensed with and Orders that the birth of applicant be registered in accordance with the facts hereinabove set forth; and that a summary finding and Order of the Court, duly certified, be forthwith transmitted to the Director of Health, at Columbus, Ohio, as provided by law.

\_\_\_\_\_  
Hon. Timothy P. Maloney, Judge

*I hereby certify the above is a true copy of the application and entry in the foregoing matter.*

(SEAL)

\_\_\_\_\_  
Hon. Timothy P. Maloney, Judge

By \_\_\_\_\_  
Deputy Clerk

The State of \_\_\_\_\_, County of \_\_\_\_\_:

**Affidavit of Physician**

I, \_\_\_\_\_, do hereby certify that I was the physician in attendance at the birth of \_\_\_\_\_, the applicant herein, and that the facts in the application are true, as I verily believe.

\_\_\_\_\_  
Signature of Attending Physician

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Area Code/Phone

*Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

(SEAL)

\_\_\_\_\_  
Notary Public

NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavits of two persons, relative or non-relative, having personal knowledge of the facts or by clear and convincing documentary evidence or such other evidence as the Court deems sufficient.

**The State of \_\_\_\_\_, County of \_\_\_\_\_: Affidavit of \_\_\_\_\_**

I, \_\_\_\_\_ (Age \_\_\_\_\_ Years), do hereby certify that I have personal knowledge of the facts stated in the within application by virtue of \_\_\_\_\_ and that the facts stated herein are true, as I verily believe.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Area Code/Phone

*Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

(SEAL)

\_\_\_\_\_  
Notary Public

**The State of \_\_\_\_\_, County of \_\_\_\_\_: Affidavit of \_\_\_\_\_**

I, \_\_\_\_\_ (Age \_\_\_\_\_ Years), do hereby certify that I have personal knowledge of the facts stated in the within application by virtue of \_\_\_\_\_ and that the facts stated herein are true, as I verily believe.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Area Code/Phone

*Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

(SEAL)

\_\_\_\_\_  
Notary Public